Medicare Services Not Covered by TennCare for Adults age 21 and over

Note: Services listed as "cost effective alternatives" for TennCare are NOT covered services under TennCare. MCOs may choose to pay for these services depending upon the situation, but they are NOT covered services. See TennCare Rules 1200-13-13-.10(2) and 1200-13-14-.10(2).

Medicare Part A Services

Service and Medicare Coverage	Reference Documenting that the Service
Situations	is Never Covered by TennCare
Personal care services ¹	Rule 1200-13-1301(81)
	Rule 1200-13-1401(81)
Rehabilitation hospital services ²	Rule 1200-13-1310(3)(a)14
	Rule 1200-13-1410(3)(a)14

 $^{^{1}\,\}underline{http://www.cms.hhs.gov/manuals/Downloads/bp102c09.pdf}$

 $^{^2\ \}underline{http://www.cms.hhs.gov/manuals/Downloads/bp102c01.pdf}$

Medicare Part B Services

Biofeedback therapy—Medicare covers this in general for reeducation of certain muscle groups and Medicare also covers biofeedback therapy for urinary incontinence under certain limited circumstances.	Service and Medicare Coverage Situations	Reference Documenting that
Biofeedback therapy—Medicare covers this in general for reeducation of certain muscle groups and Medicare also covers biofeedback therapy for urinary incontinence under certain limited circumstances.\(^1\) Chiropractors\(^1\) Rule 1200-13-1410(3)(a)6 Rule 1200-13-1310(3)(a)6 Rule 1200-13-1410(3)(a)6 Rule 1200-13-1410(3)(a)6 Rule 1200-13-1410(3)(a)6 Rule 1200-13-1310(1)(b) Rule 1200-13-1410(3)(a)6 Rule 1200-13-1410(3)(a)6 Rule 1200-13-1410(3)(a)6 Rule 1200-13-1410(3)(a)6 Rule 1200-13-1410(1)(b) Rule 1200-13-1410(1)(b) Rule 1200-13-1410(1)(b) Rule 1200-13-1410(3)(b)39 Rule 1200-13-1410(3)(a)(b)39 Rule 1200-13-1410(3)(a)(b)39 Rule 1200-13-1410(3)(a)(a)(b) Rule 1200-13-1410(3)(a)(a)(b) Rule 1200-13-1410(3)(a)(a)(b) Rule 1200-13-1410(3)(a)(a)(b) Rule 1200-13-1410(3)(a)(a)(b) Rule 1200-13-1410(3)(a)(a)(b) Rule 1200-13-1410(3)(a)(b) Rule 1200-13-1310(3)(b)(b)(b) Rule 1200-13-1310(3)(b)(b)(b) Rule 1200-13-1310(3)(b)(b)(b) Rule 1200-13-1310(3)(b)(b)(b) Rule 1200-13-1310(3)(b)(b)(b) Rule 1200-13-1410(3)(a)(b) Rule 1200-13-1410(3)(b)(b)(b) Rule 1200-13-1410(3)(b)(b)(b) Rule 1200-13-1410(3)(b)(b)(b) Rule 1200-13-1410(3)(b)(b)(b) Rule 1200-13-1410(3)(b)(b)(b) Rule 1200-13-1410(3)(b)(b)(b)(b) Rule 1200-13-1410(3)(b)(b)(Service and vicultare coverage situations	_
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Rule 1200-13-14-10(3)(a)6		Dula 1200 12 12 10(2)(a)6
Health care outside the U.S.—Medicare covers this under certain Rule 1200-13-1310(1)(e) Rule 1200-13-14-10(1)(e) Rule 1200-13-14-10(1)(e) Rule 1200-13-13-10(3)(b)39 Rule 1200-13-14-10(3)(b)39 Rule 1200-13-14-10(3)(a)16 Rule 1200-1	Chiropractors	
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Rule 1200-13-1410(3)(b)40(i) Heating pads ^{xi}	Heat lamps ^X	
Rule 1200-13-1310(3)(a)7(iv)	Treat tumps	
Rule 1200-13-1410(3)(a)7(iv)	Heating pads ^{xi}	
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.10(3)(b)(86)(8)(viii) Rule 1200-13-14-	Whirlpool bath equipment, covered by Medicare with limitations. xx	
Rule 1200-13-14-		
		.10(3)(b)(86)(8)(viii)

NOTE: There are some differences in Medicare's and TennCare's coverage of parenteral and enteral nutrition. (See below.) In order to simplify processing of crossover claims and avoid the delays that could occur while the circumstances of a particular coverage decision are researched, we recommend that TennCare continue to pay crossovers on claims for parenteral and enteral nutrition.

Medicare covers this service when it is provided under the prosthetic device benefit provision that requires that the patient have a permanently inoperable body organ or function thereof. TennCare does not cover this service for persons 21 years of age and older except that parenteral nutrition formulas, enteral nutrition formulas for tube feedings, and phenylalanine-free formulas (not foods) used to treat PKU, as required to T.C.A. §56-7-2505, are covered for adults. In addition, oral liquid nutrition may be covered when medically necessary for adults with swallowing or breathing disorders who are severely underweight (BMI<15 kg/m2) and physically incapable of otherwise consuming a sufficient intake of food to meet basic nutritional requirements. Rule 1200-13-13-.10(3)(a)11; Rule 1200-13-14-.10(3)(a)11.

ENDNOTES

i http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part1.pdf

ii http://www.cms.hhs.gov/manuals/downloads/ge101c05.pdf

iii http://www.cms.hhs.gov/transmittals/downloads/R66BP.pdf

iv http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf

^v http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf

vi http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part2.pdf

vii http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf

viii http://www.cms.hhs.gov/manuals/downloads/ncd103c1 Part1.pdf

ix http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

x http://www.cms.hhs.gov/manuals/downloads/ncd103c1 Part4.pdf

xi http://www.cms.hhs.gov/manuals/downloads/ncd103c1 Part4TXT.pdf

xii http://www.cms.hhs.gov/manuals/downloads/ncd103c1 Part4.pdf

xiii http://www.cms.hhs.gov/manuals/downloads/ncd103c1 Part4TXT.pdf

xiv http://www.cms.hhs.gov/manuals/downloads/ncd103c1 Part4TXT.pdf

xv http://www.cms.hhs.gov/manuals/downloads/ncd103c1 Part4TXT.pdf

xvi http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4TXT.pdf

xvii http://www.cms.hhs.gov/manuals/downloads/ncd103c1 Part4TXT.pdf

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